

CITY EMPLOYEES' NAMES OR CITY DEPARTMENT INVOLVED IN ALLEGED ACCIDENT OR INCIDENT.

CLAIM AGAINST THE CITY OF SAN JOSE, CA

Page 2

DESCRIPTION OF LOSS (Describe injury, property damage or loss, so far as is known at this time. If there were no injuries, state "NO INJURIES.")

OTHER INJURED PERSONS (list names and addresses)

OWNER OF PROPERTY DAMAGED (if different from claimant)

AMOUNT CLAIMED:

Amount claimed as of this date: \$ _____

Estimated amount of future costs: \$ _____

Total amount claimed: \$ _____

Basis for computation of amounts claimed (include copies of bills, invoices, estimates, etc.):

WITNESSES, HOSPITALS, DOCTORS, ETC. (list names and addresses):

ADDITIONAL INFORMATION (List any additional information that might be helpful in considering your claim.):

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM Penal Code Section 72

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____, 20_____

Claimant's Signature